MOLLUSCUM CONTAGIOSUM

AN ANALYSIS OF FIFTY CASES.

BY

CHARLES W. ALLEN, M.D.,

Surgeon to Charity Hospital.

Reprinted from JOURNAL OF CUTANEOUS AND VENEREAL DISEASES, Vol. IV., August, 1886.

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"MOLLUSCUM contagiosum is so-called because it is *not* contagious."

I find this statement in my notes, taken at the clinic of an eminent professor of dermatology in Vienna a number of years ago.

Dr. Fox stated, at the meeting of the New York Dermatological Society, April, 1876, that he had never seen contagion, although children having the disease had slept with others under his observation. In his excellent paper read before the American Dermatological Association, 1877, he goes so far as to admit that "the remarks applied to warts that they appear sometimes to be contagious might equally well be applied to molluscum."

Kaposi says positively that there is no ground for considering the disase contagious.

Duhring does not commit himself, but prefers the name molluscum epitheliale.

Robinson says: "In spite of its name, the malady is is no way contagious."

I am not acquainted with the precise views of many of our American dermatologists on this question, but I know that there exists a great diversity of opinion.

Opportunities for studying the disease are not frequent, in this country at least, and none should be neglected which may help clear up the nature of an affection which, since its first description, has borne a name believed by half those using it to be a false one.

In February, 1883, there came to the New York Hospital a married woman, 25 years of age, to be treated for a group of molluscum tumors on the right side of the neck and a few scattered ones on the opposite

side. They had first appeared, she said, seven months before, on the right side, at a spot where her child, who had also had the disease, rested his face when she carried him.

The child was examined, and found to have still remaining upon his face a solitary molluscum. The mother stated that her small brother, who lived in the family, was similarly affected. Here was almost the counterpart of one of the cases which led Bateman, in 1817, to give to this variety of molluscum the name *contagiosum.*

Dr. Bulkley inoculated my left arm in two places with some of the substance of the molluscum and the sebaceous-like material pressed from its central opening. For a week or ten days, I kept the spot carefully protected. After the irritation caused by the operation had all passed away, there gradually appeared at one of the points inoculated a little papule, which became elongated, flattened, and of a pink hue. It gave promise of developing into something, and then disappeared. I regarded it as an abortive attempt at reproduction.

Retzius claims to have inoculated the disease upon his own person.

Vidal reported to the Soc. de Biolog., *Prog. Méd.*, 1878, that in two cases inoculated molluscum had been produced; in one appearing in three months, and the other in six months after the inoculation.

Dr. Paterson, of Leith, claims to have practised inoculation successfully.

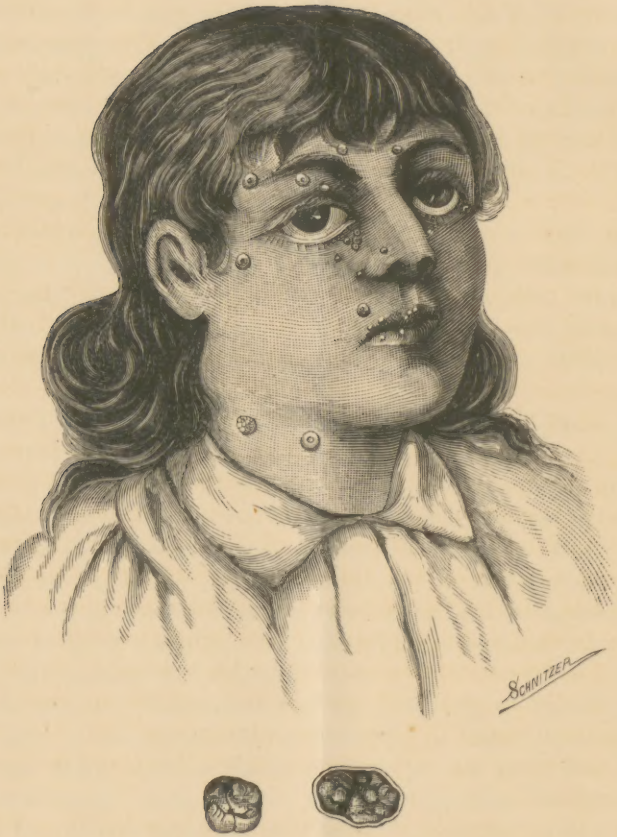
These reports do not appear to have carried much weight with them, for authors still say that inoculation has never succeeded.

Early in March of this year, I was called in consultation to one of the infant asylums of this city in which some skin disease had attacked almost a hundred of the children. I found them to be suffering from scabies, and some were in a pitiable condition. In making my examination, I discovered a case of *molluscum*, and being told by the matron that many of the girls were similarly affected, ordered all such to be brought up. Some thirty cases were found at once.

From the matron, I learned the following history of the outbreak:

When Polly H. came into the institution one year ago, they noticed that she had these peculiar looking warts on her face, but gave no further attention to them. After she had been here for about three months, it was observed that not only had the growths enlarged and multiplied upon Polly's own face, but that many of the other girls were similarly affected. In the matron's own words: "So you see one girl brought it in, and the others caught it from her." What more reasonable inference could be drawn ?

I operated upon forty-two children, at several sittings, removing 133 tumors, of which I kept record, besides some smaller ones. They were distributed as follows: Eyelids and regions about the eye, 51; other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regions of the face and neck, 51; nose, 11; lips, 11; hand, 4; chest, back, arm, knee, leg, each 1.

The largest one was on the chest, and measured a centimetre in its longest diameter. The smallest were discovered on the vermilion border of the lips in two cases. They are shown in the engraving, which I would say is not the representation of a single case, but exhibits the actual lesions of several separate cases, accurately located and painted from nature.

The growths were removed for the most part with sharp spoon or dermal curette. A few were incised, pressed out between the fingers, scraped out with the finger nail, or pulled out with dressing forceps. Some were also cut off even with the skin's surface, and the deeper part pressed out. In most cases where the remaining cavity was not scraped out, it was touched with the solid stick of nitrate of silver. The patients all being girls, I was anxious not to leave scars or staining, and hence used the caustic stick sparingly, relying upon the sharp spoon. When scraped out whole, the growths have a peculiar, gland-like structure, and resemble a diminutive brain.

Among the children sent to me as being affected with molluscum, I found some to have only verruca vulgaris, or common warts, the nurses and the children themselves considering them all of the same variety. This co-existence of similar growths impressed me at the time, and I examined all of the cases in reference to warts. Sixteen were found, eight being in patients entirely free from molluscum and eight in children having the disease. On the arms of several of the patients I found a flat variety of wart with a pink border, which resembled the mollusc tumors in a measure, but had no central opening, were of firm consistence, difficult to remove, and did not present the gland-like structure. They were also situated on parts not commonly occupied by warts, and in one case formed a small group. I have since read the paper of my friend, Dr. Fox (American Dermatological Association, 1877), in which he speaks of this co-existence of verruca and molluscum, and suggests a possible common cause or some close connection. We must, however, remember that warts are very common in children, and molluscum but rarely encountered.

This is a larger number of cases occurring together than I find anywhere recorded as having been observed, and I took advantage of the favorable opportunity thus afforded to make some observations on the nature of the disease.

Regarding the result of the previous inoculation practised upon myself as an abortive effort at reproduction, and considering the clinical history of the disease to warrant the belief that it is sometimes propagated by contact, I inoculated two of the children with the soft substance from

a molluscum tumor, and some of the firmer part as well. I chose those who had had the disease, as being the most likely subjects, and made the inoculation on the face, protecting one point for some days with a watch glass, and gave instructions for certain precautions to be observed. Three months later no signs of reproduction had appeared.

Upon visiting the institution on June 19, over three months from the date of operation, I found that twenty-eight of the children treated had remained entirely free from the disease, four had left the institution well, twelve children presented new crops of mollusca, in four instances scattered about the neighborhood of original lesions, but none at their actual site. In several instances the growths had appeared on entirely new regions.

They were all situated upon the face and neck with the exception of one solitary lesion upon the shoulder. No scars were discoverable as the result of operation.

Besides these twelve cases in which the tumors had reappeared, there were found five children, not previously affected, in whom they had developed.

The inoculation of the children having so far resulted in nothing, I now inoculated myself again in two places upon the soft skin of the flexor surface of the forearm, and have since kept the part covered with a watch glass, and somewhat moist. Some pain was experienced for a few days in the arm and axilla following the procedure, and the epitrochlear gland was painfully enlarged, and is still quite tender. I will make known the result at some future time, together with anything worth reporting, from my efforts to discover the microbe of molluscum, whose existence I think highly probable.

It has been suggested that irritation of the skin is a potent factor in the production of the disease, and it will, without doubt, occur to those who hold this view that in this series of cases the most favorable conditions for its development existed. Here we had an epidemic of scabies with all the attendant surface irritation.

I cannot think, however, that this irritation alone is sufficient to cause the disease. Over a hundred of the children suffered from scabies, while less than fifty had molluscum. Many of those who had molluscum did *not* have scabies, and in other respects their skins were healthy and free from irritation. The faces thickly studded with mollusca were, as a rule, remarkably free from scabies, while scarcely a tumor was found upon the scratched and irritated body.

Other writers have claimed that maceration of the skin and frequent bathing greatly favors its production. All of these children were regularly bathed, and those with scabies quite frequently, still it is safe to say that none of them had as much attention paid to the cleanliness of

the body as the children of the better class, in whom the disease is rarely seen. On the contrary, molluscum is commonly found in poor and uncleanly families. It appears to me, however, that maceration or moistening of the surface from perspiration may favor the propagation of the disease by contact, as when the face of an infected child presses against the mother's face or breast, thus producing a more favorable nidus for the contagious principle.

I do not wish at present to touch upon the pathology of the disease, but would regard the existence of mollusca in the cases mentioned upon the vermilion border of the lips as a strong clinical point against the theory and belief of some that molluscum contagiosum has its origin in the sebaceous glands. I believe that no sebaceous glands are to be found in this portion of the lip. Nor yet would it appear that the disease can, in all cases, originate in the hair follicles.

Virchow, Bizzozero, Piffard, Robinson, Perls, Thin, and others oppose the view of Hebra, Kaposi, and their followers, that the disease is of sebaceous origin.

In fifteen tumors examined by Thin, hair or sebaceous gland structure was found in but one case. One of the tumors is shown in the drawing on the upper eyelid, pierced in its centre with an eyelash. I removed the tumor and hair together, but have not yet made a section for examination.

In conclusion, my present reasons for believing this molluscum contagious, and that its name is a proper one, and should be retained, are:

1. The cases reported by Bateman, Mackenzie, F. Fox, Liveing, and others, and the first one mentioned in this paper, where the child first has the disease, and the mother afterward, upon the face, neck, or breast, are difficult of explanation by any other theory.

2. The spread of the disease in families, schools, and institutions. Liveing (*Lancet*, Oct. 5, 1878) reported nine cases occurring coincidently in a school.

3. The facts that the parts exposes to contact are those almost solely affected: The face in children, the breasts in mothers, and the genital region in adults, and especially in prostitutes and the men who visit them.

4. The reported successful inoculations.

5. That negative evidence has no weight. It is not always possible to inoculate other diseases which are well known to be contagious.

Finally, the disease should never be mistaken for any other, although Bazin considered it sufficiently like variola to name it acne varioliformis. It bears a slight resemblance to varicella, and when occurring upon the genitals has suggested syphilis to those unfamiliar with its appearance. From molluscum fibrosum the diagnosis is easily made.

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